

1. YOUR FIRM'S DETAILS

- 1.1 Please list all practicing titles, including associate companies, nominee companies and service companies. Please mark type against each: 'S' for Sole Practitioner/Sole Principal, 'P' for Partnership.

PRACTICING TITLE	TYPE	PRACTICING TITLE	TYPE

PRIMARY ADDRESS	DATE ESTABLISHED
	DD/MM / YEAR
	<i>If less than two years, please provide business plan and CVs for all Partners or Principals.</i>
LAW SOCIETY FIRM NUMBER	PROFESSIONAL INDEMNITY CONTACT MR/MRS/MS

2. SUCCEEDING PRACTICE

2. Has your firm become a Succeeding Practice?

YES NO

If you have answered yes, please complete question 2.1 below.

- 2.1 Please provide details of all Preceding Practices to which your firm is a Succeeding Practice:

NAME OF FIRM(S)	PRECEDING PRACTICE HAS RUN-OFF COVER IN PLACE		DATE ESTABLISHED	DATE OF SUCCESSION	NUMBER OF SOLICITORS WHO JOINED YOUR FIRM
	YES	NO			
	YES	NO			
	YES	NO			

3. YOUR STAFF DETAILS

- 3.1 Please state the number of staff in your firm:

Principals/Partners	Solicitors/Consultants	Legal Execs / Other Fee Earners	Other Staff

**Excluding cleaning, maintenance and other manual employees.*

4. PRACTICE QUESTIONS

- 4.1 Has any present Partner, Principal, consultant or any other legal employee:

- 4.1.1 Been the subject of any investigation (for example, following a complaint) that has resulted in any adverse finding by the Law Society of Ireland, the Legal Services Regulatory Authority, the Solicitors Disciplinary Tribunal, the Legal Practitioners Disciplinary Tribunal or any other recognised body? YES NO

- 4.1.2 Been convicted of (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty? YES NO

- 4.1.3 Previously been, or currently be, the subject of a petition for bankruptcy or any judgments or decrees that remain unsatisfied, in whole or in part? YES NO

- 4.1.4 Been refused a practising certificate, or granted a conditional practising certificate by the Law Society of Ireland? YES NO

- 4.1.5 Been the subject of a finding of misconduct by the Legal Services Regulatory Authority, Solicitors Disciplinary Tribunal or the Legal Practitioners Disciplinary Tribunal? YES NO
- 4.1.6 Previously been a Partner, Principal or Consultant in a Firm that is now in the Run-off Fund? YES NO
- 4.1.7 Do you expect there to be any significant changes to or in your firm in the coming year in relation to the legal entity, nature of work or location, including any merger or consolidation with another practice? YES NO

If you have answered yes to any of the questions above, please provide full details in section 10 at the end of this short proposal form.

5. GROSS FEES (EXCLUSIVE OF VAT)

	YEAR ENDING	REPUBLIC OF IRELAND	USA/CANADA*	ANY OTHER JURISDICTION*	TOTAL
Estimated current financial year (year ending 2025)	/ /2025	€	€	€	€
Annual accounting period (year ending 2024)	/ /2024	€	€	€	€
Annual accounting period (year ending 2023)	/ /2023	€	€	€	€
Annual accounting period (year ending 2022)	/ /2022	€	€	€	€
Annual accounting period (year ending 2021)	/ /2021	€	€	€	€
Annual accounting period (year ending 2020)	/ /2020	€	€	€	€

6. TYPE OF WORK

6.1.1 Please provide a percentage breakdown of the gross fee income for the last accounting period into the following categories:

Acting as arbitrator, adjudicator or mediator		%	Litigation and arbitration (other)		%
Conveyancing – commercial		%	Landlord and tenant		%
Conveyancing – PPR		%	Mergers and acquisitions		%
Commercial and corporate – securities		%	Patent		%
Commercial and corporate – non-securities		%	Personal injury – defendant		%
Criminal law		%	Personal injury – litigant		%
Debt collection (judgment debts over €10,000)		%	Tax		%
Defendant litigious work for insurers		%	Wills, trust and probate		%
Employment		%	Other non-litigious		%
Family (excluding children)		%	Other low risk work*		%
Financial advice and services		%	Other work (state nature of work and %)		%
Immigration		%			%
Intellectual property (excluding patent)		%			%
Insolvency		%			%
Total (must equal 100%)					%

*Low-risk work includes debt collection under €10,000, children, mental health tribunal, welfare, administering oaths and taking affidavits, lecturing and related activity, expert witness, and planning.

7. CLAIMS & CIRCUMSTANCES

- 7.1 Has your firm or any Preceding Practice made any claim or reported any circumstances to insurers in the last ten years?
 YES NO
- 7.2 Please provide details of all claims and circumstances, including notifications, made to insurers that are dormant for each of the following years, including any firm referred to in Question 2.

NOTE: Do not leave this section blank. If you have no claims or circumstances, please state 'no claims or circumstances'.

Indemnity Period	Name of Participating Insurer / Assigned Risks Pool	Number of Claims / Circumstances	Claims / Circumstance Attached
2014 - 2015			
2015 - 2016			
2016 - 2017			
2017 - 2018			
2018 - 2019			
2019 - 2020			
2020 - 2021			
2021 - 2022			
2022 - 2023			
2023 - 2024			
2024 - 2025			

Please attach your current claims report provided by the above participating insurer(s) or the Assigned Risks Pool to this proposal form. If this is not yet available, please provide claims/circumstances details on the attached supplementary claims form.

- 7.3 Is any Principal or Partner in your firm aware, after careful enquiry of all solicitors and employees of the firm, of any loss or claim or circumstance that may give rise to a loss being sustained or a claim being made against or involving any person or persons to be included in this insurance, their predecessors in practice, or any past partners, principals, directors or members, where such has not been previously notified to past or present insurers?
 YES NO

If yes, please provide full details on a separate sheet.

- 7.4 Are there any matters notified by your firm (or any Preceding Practice) to participating insurers or the Assigned Risks Pool that have not been accepted as an effective notification, or cover denied?
 YES NO

If yes, please provide full details in section 10.

- 7.5 Please give details of all claims and circumstances not already notified to your insurers that may give rise to a claim.
 If none, please tick **None**

DATE OF CLAIM/CIRCUMSTANCE	CLAIMANT'S NAME	TYPE OF WORK	ESTIMATED COST OF CLAIM

- 7.6 Please confirm that all claims and circumstances have now been notified to your current insurer: YES NO N/A
- 7.7 If yes, what date were they notified? / /

8. DUTY TO DISCLOSE MATERIAL INFORMATION

'Material information' is information that would influence an insurer in deciding whether a risk is acceptable and, if so, the premium terms and conditions to be applied. Insurers cannot avoid or repudiate claims for the cover required under the minimum terms but, if they later find you have not disclosed something material, they may charge an additional premium or, in the event of prejudice, seek recovery of the claim from you depending on the nature of the non-disclosure. For claims above the statutory minimum limit, failing to disclose such information could result in policy being rendered void so that claims would not be paid.

All material information must be disclosed to the insurer to enable terms to be negotiated and cover arranged. Where the Consumer Insurance Contracts Act 2019 applies, your duty to disclose material information is limited to answering all questions in this proposal form honestly and with reasonable care. Where the Consumer Insurance Contracts Act 2019 does not apply, this duty is not limited to answering specific questions that may have been asked in this proposal form. Any changes that may occur or come to light after a quotation has been given must also be notified.

To ensure the cover is not prejudiced, please refer to your broker if there is any doubt as to what information needs to be disclosed. If your proposal is a renewal, it is likely that any change in facts previously advised to insurers will be material, and such changes should be highlighted. If you are in any doubt as to whether a fact is material, you should disclose it.

9. DECLARATION

I/We hereby declare that:

I/We undertake to inform insurers of alterations to this proposal occurring before completion of a contract of insurance. I/We are satisfied that after careful enquiry of all Partners, Principals, consultants and employees of our firm, the above details are correct to the best of our knowledge and belief and that we have not suppressed or misstated any material facts. I/We understand that any fraudulent suppression or fraudulent misstatements of any material facts will be reported by insurers to the Law Society of Ireland. I/We authorise prior insurers of our firm to release to our broker any information that they may require, including all claims information that may be requested by insurers pursuant to this proposal for insurance. I/We understand that the information I/we provide will be passed to or used by our broker and by insurers for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud.

I/We acknowledge that, by submitting this proposal, I/we hereby consent to insurers carrying out any enquiries into our financial standing (including, but not limited to, a credit search with one or more (licensed) credit reference or fraud prevention agencies) to check our identity and credit status. Such enquiries may be made either before or during the existence of the contract of insurance.

I/We acknowledge and agree that, by submitting this proposal, I/we hereby consent, in the event of the legal practice carried on by me/us ceasing during or on expiry of any period of insurance provided by insurers, to our broker or insurers or the Special Purpose Fund Manager requesting and obtaining data (including but not limited to personal data as defined in the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003) from relevant regulatory bodies, and to our broker or insurers or the Special Purpose Fund Manager processing such data for purposes in connection with providing run-off cover in accordance with the insurance policy conditions and/or regulatory requirements on such cessation.

I/We acknowledge that, by submitting this proposal, I/we hereby consent to our brokers or insurer providing, on request, the Law Society of Ireland with evidence of my/our insurance cover, and a copy of this proposal form and any accompanying documentation. I/We have read and understood the attached guidance notes in full, and have consulted them while filling out this form.

PRINT NAME	SIGNATURE OF PARTNER OR PRINCIPAL	DATE
		/ /

The completion of this proposal form does not bind the proposers or insurers to complete a contract of insurance but, if a policy is issued, this proposal form, together with any other information supplied prior to inception, shall form the basis of any contract.

10. ADDITIONAL INFORMATION

Please denote which question each item of additional information relate:

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